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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 08/11/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE  
 CONCENTRIC ALIGNMENT DEVICE FOR DIES AND DIE STRIPPER

FILING FEE  RECEIVED 1062	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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